



# MEETING NOTICE POSTING & AGENDA

TOWN CLERK'S STAMP

## TOWN OF HULL

Pursuant to MGL Chapter 30A, § 18-25 all Meeting Notices must be filed and time stamped in the Town Clerk's Office and posted at least **48 hours prior to the meeting** (excluding Saturdays, Sundays and Holidays). Please be mindful of the Town Clerk's business hours of operation and make the necessary arrangements to ensure this Notice is received and stamped in by the Town Clerk's Office and posted by at least **30 minutes** prior to the close of business on the day of filing.

<b>Board or Committee</b>	<b>Select Board</b>
<b>Date &amp; Time of Meeting</b>	<b>Wednesday, December 6<sup>th</sup>, 2023 at 6:00 pm</b>
<b>Meeting Location</b>	<b>Hull High School, 180 Main Street Hull, MA 02045</b>
<b>Requested By:</b>	<b>Jennifer Constable, Town Manager</b>

## AGENDA

### APPOINTMENTS

- 6:00** Preep Corporation dba Quick Pick Food Shop, 261 Nantasket Ave, Malissa Blossom (PROPOSED MANAGER) Re: Change of Manager on the following license: (A) Wine & Malt Package Store (PROPOSED).
- 6:10** \*Public Hearing Continuation: Clint Smith, Manager, 165 Nantasket Ave, Taco Guy Corp. Re: Application for a Common Victualer License (NEW). Hours of operation; Monday through Saturday 11 am until 7:30 pm and Sunday 7:30 am until 7:30 pm.

### PACKAGE STORE

- 1.** Preep Corp. dba Quick Pick, Inc., 261 Nantasket Ave, Malissa Blossom (PROPOSED Mgr) Re: (A) Wine & Malt Package Store (RENEWAL).
- 2.** Kenny Corp dba EZ Smoke Shop, 527A Nantasket Ave, Jennifer Bailey, Mgr. Re: (A) Wine & Malt as a Package Store (RENEWAL).

### COMMON VICTUALER

- 1.** Scoops Ice Cream Co, 540 Nantasket Avenue, Kathleen Prevett, Mgr. Re: Common Victualer License (RENEWAL).

### CLASS II WHOLESALE

- 1.** Nantasket Auto Sales and Repair, LLC, 410 Nantasket Ave, Khodor Khalil, Mgr Re: Class II Wholesale License (RENEWAL).

The listings of items are those reasonably anticipated by the Chair which may be discussed. Not all items listed may in fact be discussed and other items not listed may also be discussed to the extent permitted by law

## **APPROVALS (Cont'd)**

### **LODGING HOUSE**

1. **Bermaken Hotel LLC. dba Bermaken Hotel, 102 Revere St, Steven Wilkins, Mgr. Re: Lodging House License (RENEWAL).**
2. **NHS of the South Shore, Inc. dba NeighborWorks Neighborhood Housing Service (Easy Living Lodge), 24 Park Ave., Donna Ackerman, Mgr. Re: (A) Lodging House License (RENEWAL).**

### **DISCUSSION**

1. **Bench Donation Policy**

### **CORRESPONDENCE**

1. **Robert Neal, Member, War Memorial Commission Re: Letter of Resignation.**



# TOWN OF HULL

## ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☐ TRANSFER ☐

AMENDMENT ☒

☒ CHANGE OF MANAGER (COM)\*  
☐ CHANGE OF HOURS (COH)  
☐ ONE DAY  
☐ OTHER \_\_\_\_\_



Full Legal Name of Business: Preep Corporation

Business Name (dba) if different: Quick Pick Food Shop

FID of Licensee: \_\_\_\_\_ Address of Premises: 265D Nantasket Avenue

Phone Number of Premises: 781-773-1432

Business Email: \_\_\_\_\_

Business Mailing Address: ☒ Same as above

Owner of Business: Bhaveshkumar B. Patel

Manager of Record: Eric Scott Hiltz, JR

\*Proposed Manager (must file COM with ABCC): Malissa Kristeen Blossom

Applicant's (authorized) Signature [Signature] Date: 11/24/2023

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Da (1 + 1 Day[s])

### TYPE OF LICENSE: (CHECK ONLY ONE)

☐ Club ☒ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant  
☐ Innholder ☐ Tavern ☐ Other (Specify) \_\_\_\_\_

### LICENSE CATEGORY:

☐ All Alcohol ☒ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials  
☐ Other (please specify) \_\_\_\_\_

### HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached

☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)

☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

#### REQUESTING TO OPEN:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

#### REQUESTING TO CLOSE:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Seating Capacity: (if applicable) \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Total

Occupancy Number: \_\_\_\_\_

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve Extension?

☐ YES

☐ NO

# LICENSE

## ALCOHOLIC BEVERAGES

### THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS  
HEREBY GRANTS A

## RETAIL PACKAGE GOODS STORE

License to Expose, Keep for Sale, and to Sell

Wines and Malt Beverages

Not To Be Drunk on Premises

To: PREEP Corporation dba Quick Pick, Indravadan D. Patel, Mgr.  
265D Nantasket Ave

On the following described premises: First floor retail condominium with two entrances front and rear with front on Nantasket Ave and rear to a parking lot. Two walk-in coolers.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this First day of January 2023

Alcoholic Beverages may be sold are

From: Mon-Sat 8:00am-11:00pm

Sun: 10:00am-11:00pm

Unless Otherwise Advised by the  
Licensing Authority

Jennifer Constable

Greg Grey

Donna Pursel

John D. Reilly, Jr.

Domenico Sestito

Licensing  
Authority



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)



RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM

**AMENDMENT-Change of Manager**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL  
LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE  
PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)   
ENTITY/ LICENSEE NAME   
ADDRESS   
CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input checked="" type="checkbox"/> Change of Manager                  | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  | <input type="checkbox"/> Other <input type="text"/>   | <input type="checkbox"/> Change of DBA                                    |   |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS  
APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150-2358







*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT-Change of Manager**

☒ **Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name

Preep Corporation

Municipality

Hull

ABCC License Number

00082-PK-0554

**2. APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name

Title

Email

Phone

Bhaveskumar B. Patel

Owner

**3A. MANAGER INFORMATION**

The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name Malissa Kristeen Blossom

Date of Birth

SSN

Residential Address

Email

Phone

Please indicate how many hours per week  
you intend to be on the licensed premises

35

Last-Approved License Manager

Eric Scott Hiltz, JR

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

☒ Yes ☐ No \*Manager must be U.S. citizen

Are you a U.S. Citizen?\*

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime?

☐ Yes ☒ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

**3C. EMPLOYMENT INFORMATION**

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
11-2022	Present	Clerk	Kenny Corporation	Jennifer Bailey
9-2023	Present	Manager	Preep Corporation	Eric Scott Hiltz, JR

**3D. PRIOR DISCIPLINARY ACTION**

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☒ No If yes, please fill out the table. Attach additional pages, If necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature

Date 11/24/2023

## APPLICANT'S STATEMENT

I, Bhaveshkumar B. Patel the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager  
Authorized Signatory  
of Preep Corporation  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

B.B. Patel

Date:

11/24/2023

Title:

Owner

### ENTITY VOTE

The Board of Directors or LLC Managers of

Preep Corporation

Entity Name

duly voted to apply to the Licensing Authority of

Hull

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

11/21/2023

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

Bhaveshkumar B. Patel

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Malissa Kristeen Blossom

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

B.B. Patel

Corporate Officer /LLC Manager Signature

BHAVESHKUMAR B. PATEL

(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)





Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

# CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

## ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	00082-PK-0554	LICENSEE NAME:	Preep Corporation	CITY/TOWN:	Hull
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## APPLICANT INFORMATION

LAST NAME:	Blossom	FIRST NAME:	Malissa	MIDDLE NAME:	Kristeen
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH: Quincy, MA		

## PRINT AND SIGN

PRINTED NAME:	Malissa Blossom	APPLICANT/EMPLOYEE SIGNATURE:	<i>Malissa Blossom</i>
---------------	-----------------	-------------------------------	------------------------

## NOTARY INFORMATION

On this 24<sup>th</sup> day of November, 2023, before me, the undersigned notary public, personally appeared Malissa Blossom (name of document signer), proved to me through satisfactory evidence of identification, which were Ma DL to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*[Signature]*  
NOTARY

## DIVISION USE ONLY

REQUESTED BY:	<i>[Signature]</i> <small>SIGNATURE OF DCIA AUTHORIZED EMPLOYEE</small>
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The DCIA Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCIA. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCIA via mail or by fax to (617) 660-4634.



VIOLET VARGAS  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
May 3, 2030

**United States of America  
Commonwealth of Massachusetts  
City of**

*Certified Copy of Record of Birth in the Office of the City Clerk*

I. The undersigned hereby certify that I am the City Clerk of the City of  
Massachusetts; that as such I have custody of the records of births, required by law to be kept in  
said city; and I do hereby certify that the following is a true copy from said records.

---

Number

Date of Birth

Name of Child

MALISSA KRISTEEN BLOSSOM

Sex

Place of Birth

Name of Father

Maiden Name of Mother

Residence

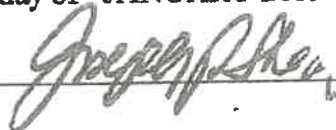
Birthplace of Father

Birthplace of Mother

Date of Record

***WITNESS my hand of the SEAL OF THE CITY OF***

on this the 9<sup>TH</sup> day of JANUARY 2013

 City Clerk



## Payment Confirmation

**YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT**

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.



FILING FEES-RETAIL	Preep Corporation	\$200.00
FILING FEES-RETAIL	Preep Corporation	\$200.00
		<b>\$400.00</b>

**Total Convenience Fee: \$9.40**

**Total Amount Paid: \$409.40**

**Date Paid: 11/22/2023 9:13:56 PM EDT**

### Payment On Behalf Of

**Multiple Items:**

Please see above for all of the items in this transaction.

### Billing Information

**First Name:**

Bhaveshkumar B.

**Last Name:**

Patel

**Address:**

265D Nantasket Avenue

**City:**

Hull

**State:**

MA

**Zip Code:**

02045

MASSACHUSETTS

DRIVER'S  
LICENSE



BLOSSOM

*Helen Blossom*



**TOWN OF HULL  
SELECT BOARD**  
253 Atlantic Avenue  
Tel: 781-925-2000

RECEIVED \$50.00  
NOV - 7 2023  
(Date Received)

☐ CHANGE OF MANAGER  
☐ CHANGE OF HOURS  
☐ ONE DAY  
☐ OTHER

6<sup>10</sup>  
Public  
Hearing

**APPLICATION FOR COMMON VICTUALER**

NEW ☒ RENEWAL ☐ TRANSFER ☐ AMENDMENT ☐

**SECTION 1 – APPLICANTS & BUSINESS INFORMATION**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: CLINT SMITH  
Applicant's Legal Home Address: \_\_\_\_\_  
Applicant's Mailing Address (if different): \_\_\_\_\_

Applicant's (authorized) Signature: [Signature] Date: 11/7/23

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: TACO BUY CORP  
Full Street Address of the Business: \_\_\_\_\_ 165 NAWMASKET AVE.  
Mailing Address of the Business (if different): \_\_\_\_\_  
Telephone Number of the Business (if different): \_\_\_\_\_  
Current Owner/Manager of Record: CLINT SMITH  
E-Mail Addresses of the Business (if different): \_\_\_\_\_  
FID of the License: \_\_\_\_\_

Do you own ☐ or lease ☒ the premises?  
If leasing, please provide the name and address of the lessor: SANDPIPER REALTY LLC

**SECTION 2 – LICENSE CLASS**

(Check One)  
☒ Year Round Operation: (January 01-December 31) ☐ Seasonal Operation: (April 01 – November 30)

Expected date to open: JAN 2 2024 Expected date to close: \_\_\_\_\_

\*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: \_\_\_\_\_

**SECTION 3 - HOURS OF OPERATION**

☐ NO CHANGES ☐ SEE ATTACHED

OPEN: Mon: 11-7<sup>30</sup> Tues: 11-7<sup>30</sup> Wed: 11-7<sup>30</sup> Thurs: 11-7<sup>30</sup> Fri: 11-7<sup>30</sup> Sat: 11-7<sup>30</sup> Sun: 7-7<sup>30</sup>

CLOSE: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**\*SEE OTHER SIDE\***

**NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)**



# SECTION 4 - TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

\*Note\*: A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:

Is your kitchen fully equipped to conduct a business YES Size of Kitchen 20 x 40

Sink ☒ Hot and Cold Water ☒ Is there a Stove ☒

Gas Burners ☒ Electric Burners \_\_\_\_\_ Refrigerators ☒

Bar N/A Lunch Counter N/A Tables # 41 16 Booths # N/A  
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor 16 Outdoor 0 TOTAL Seating Capacity 16

Are there Restrooms for - Men ☐ Women ☐ Unisex ☒

## AMENDMENTS

☐ REQUESTING CHANGE OF HOURS

☐ SEE ATTACHED

New Proposed Hours of Operation:

OPEN: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

CLOSE: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Applicant's (authorized) Signature \_\_\_\_\_  
By signing above you are verify the accuracy of all information

☐ REQUESTING CHANGE OF MANAGER

Proposed Manager CLINT SMITH

Owner/Manager's Signature \_\_\_\_\_ Date 11/7/23  
By signing above you are verify the accuracy of all information

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."

## LEGAL NOTICE

Notice is hereby given under Chapter 140 of the General Laws and the Town of Hull's Licensing Rules and Regulations and all other legal authority to the extent applicable that The Taco Guy Corporation., has applied for a license to be a **Common Victualler**, (Clint Smith, Manager), as a restaurant, from 165 Nantasket Avenue, Hull, Massachusetts.). Description of premises included within a first floor storefront consisting of a 4 tables accommodating seating for approximately 16. **Proposed hours of operation:** Monday – Saturday: 11:00 a.m. to 7:30 p.m. and Sunday: 7:30 am – 7:30 pm.

On the foregoing application to the Licensing Authorities IT IS ORDERED: That a public hearing will be held on the said application at the Office of the Licensing Authorities located in the Municipal Building in the Town of Hull on **Wednesday, the twenty-ninth (29<sup>th</sup>) day of November 2023 at 7:00 p.m.** and that the applicant give public notice of said time and place of the hearing by publishing an attested copy of the said Notice and order thereon by mailing to the abutters and publishing said notice in the Hull Times at least ten days before the time of the hearing.

Copies of applications with additional details are available for inspection at the Office of the Select Board, Town Hall, 253 Atlantic Avenue, Hull, MA 02045

### LOCAL LICENSING AUTHORITIES

Greg Grey  
Irwin Nesoff  
Jason McCann  
Jerry Taverna  
Brian McCarthy

Hull Times: November 17, 2023

## TOWN OF HULL

## ALCOHOL LICENSE INFORMATION FORM

NEW ☐ RENEWAL ☐ TRANSFER ☐AMENDMENT ☒☒ CHANGE OF MANAGER (COM)\*☐ CHANGE OF HOURS (COH)☐ ONE DAY☐ OTHER \_\_\_\_\_Full Legal Name of Business: Preep CorporationBusiness Name (dba) if different: Quick Pick Food ShopFID of Licensee: \_\_\_\_\_ Address of Premises: 265D Nantasket AvenuePhone Number of Premises: 781-773-1432 Business Email: khushvidhipatel@yahoo.comBusiness Mailing Address: ☒ Same as aboveOwner of Business: Bhaveshkumar B. PatelManager of Record: Eric Scott Hiltz, JR\*Proposed Manager (must file COM with ABCC): Malissa Kristeen Blossom

Applicant's (authorized) Signature

Date: 11/24/2023

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Da (1 + 1 Day[s])

## TYPE OF LICENSE: (CHECK ONLY ONE)

☐ Club ☒ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant☐ Innholder ☐ Tavern ☐ Other (Specify) \_\_\_\_\_

## LICENSE CATEGORY:

☐ All Alcohol ☒ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials☐ Other (please specify) \_\_\_\_\_

## HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

## REQUESTING TO OPEN:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

## REQUESTING TO CLOSE:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Seating Capacity: (if applicable) \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Total

Occupancy Number: \_\_\_\_\_

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve Extension?

☐ YES☐ NO

# LICENSE

## ALCOHOLIC BEVERAGES

### THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS  
HEREBY GRANTS A

## RETAIL PACKAGE GOODS STORE

License to Expose, Keep for Sale, and to Sell

Wines and Malt Beverages

Not To Be Drunk on Premises

To: PREEP Corporation dba Quick Pick, Indravadan D. Patel, Mgr.  
265D Nantasket Ave

On the following described premises: First floor retail condominium with two entrances front and rear with front on Nantasket Ave and rear to a parking lot. Two walk-in coolers.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this First day of January 2023

Alcoholic Beverages may be sold are

From: Mon-Sat 8:00am-11:00pm  
Sun: 10:00am-11:00pm

Unless Otherwise Advised by the  
Licensing Authority

Jennifer Constable  
Greg Grey  
Donna Pursel  
John D. Reilly, Jr.  
Domenico Sestito

} Licensing  
Authority



Package Store #2

TOWN OF HULL

ALCOHOL LICENSE INFORMATION FORM

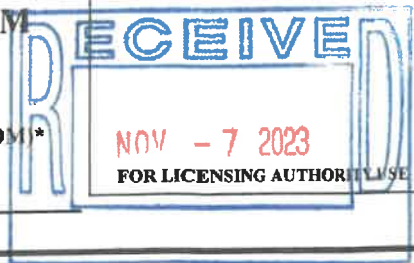


NEW ☐ RENEWAL ☒ TRANSFER ☐

AMENDMENT ☐

☐ CHANGE OF MANAGER (COM)\*  
☐ CHANGE OF HOURS (COH)  
☐ OTHER

ONE DAY ☐ Date: \_\_\_\_\_



Full Legal Name of Business: KENNY CORP

Business Name (dba) if different: E-Z smoke shop

FID of Licensee: \_\_\_\_\_ Address of Premises: 527, A. NUTTKET, AVE, HULL, MA

Phone Number of Premises: (781) 925 3025 Business Email: \_\_\_\_\_

Business Mailing Address: ☒ Same as above

Owner of Business: Bhuvesh Kumar B. Patel

Manager of Record: JENNIFER ROSE BAILEY

\*Proposed Manager (must file COM with ABCO): JENNIFER ROSE BAILEY

Applicant's (authorized) Signature

B.B. Patel

Date: 11/6/2023

By signing above you are verifying the accuracy of all information

License Class: ☒ Annual ☐ Seasonal ☐ One Day (1 + 1 Day[s]) Nature of Event: \_\_\_\_\_

TYPE OF LICENSE: (CHECK ONLY ONE)

\*\*\* PROVIDE HRS BELOW

Location of Event: \_\_\_\_\_

☐ Club ☒ Package Store ☐ Veteran's Club ☐ General On Premise ☐ Restaurant  
☐ Innholder ☐ Tavern ☐ Other (Specify) \_\_\_\_\_

LICENSE CATEGORY:

☐ All Alcohol ☒ Wine & Malt ☐ Malt Only ☐ Wine Only ☐ Wine & Malt with Cordials  
☐ Other (please specify) \_\_\_\_\_

HOURS OF OPERATION - PLEASE READ CAREFULLY

☒ NO CHANGES TO HOURS OF OPERATION FROM LAST YEAR: See Attached

☐ REQUESTING CHANGE OF HOURS (complete ONLY if amending hours of operation from previous license period)

☐ SEE ATTACHED HOURS (CHANGE OF HOURS)

REQUESTING TO OPEN:

Mon: 8:00 AM Tues: 8:00 AM Wed: 8:00 AM Thurs: 8:00 AM Fri: 8:00 AM Sat: 8:00 AM Sun: 10:00 AM

REQUESTING TO CLOSE:

Mon: 11:00 PM Tues: 11:00 PM Wed: 11:00 PM Thurs: 11:00 PM Fri: 11:00 PM Sat: 11:00 PM Sun: 11:00 PM

Seating Capacity: (if applicable) \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Total

Occupancy Number: \_\_\_\_\_

Entertainment License: ☐ Yes ☐ No

Request for New Year's Eve Extension?

☐ YES

☐ NO



Hull A2023-22

# LICENSE

ABCC 00081-PK-0554

## ALCOHOLIC BEVERAGES

### THE LICENSING BOARD OF

The TOWN of HULL, MASSACHUSETTS  
HEREBY GRANTS A

## RETAIL PACKAGE GOODS STORE

License to Expose, Keep for Sale, and to Sell

Wines and Malt Beverages

Not To Be Drunk on Premises

To: Kenny Corp dba EZ Smoke Shop, Bhavesh Patel, Mgr.  
527A Nantasket Ave

On the following described premises: consist of a store front building consisting of approximately 600 square foot interior space.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made thereunder by the licensing authorities. The license expires December 31, 2023, unless earlier suspended, cancelled or revoked.

IN TESTIMONY WHEREOF, the undersigned have hereunto affixed their official signatures this 1<sup>st</sup> of January 2023

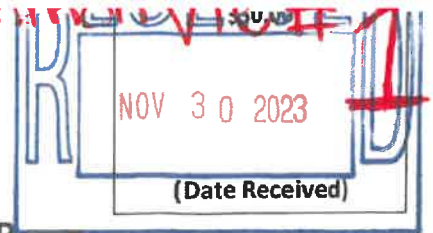
The Hours during which  
Alcoholic Beverages may be sold are  
From: Mon-Sat 8:00am-9:00pm  
Sun: 10:00am-9:00pm  
Unless Otherwise Advised by the  
Licensing Authority

Jennifer Constable  
Donna Pursel  
Irwin Nesoff  
Domenico Sestito  
Greg Grey

} Licensing  
Authority



TOWN OFFICE  
SELECT BOARD  
253 Atlantic Avenue  
Tel: 781-925-2000



## APPLICATION FOR COMMON VICTUALER

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐

☐ CHANGE OF MANAGER  
☐ CHANGE OF HOURS  
☐ ONE DAY  
☐ OTHER \_\_\_\_\_

### SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: Kathleen Prevett

Applicant's Legal Home Address: \_\_\_\_\_

Applicant's Mailing Address (if different): \_\_\_\_\_

Applicant's Home Telephone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant's E-Mail Addresses: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Applicant's (authorized) Signature Kathleen Prevett Date: 11-15-23

By signing above you are verify the accuracy of all information

Full Legal Name of the Business: Seasops Ice Cream Co.

Full Street Address of the Business: 540 Nantasket Ave, Hull MA 02045

Mailing Address of the Business (if different): \_\_\_\_\_

Telephone Number of the Business (if different): \_\_\_\_\_

Current Owner/Manager of Record: \_\_\_\_\_

E-Mail Addresses of the Business (if different): \_\_\_\_\_

FID of the License: \_\_\_\_\_

Do you own ☐ or lease ☒ the premises?

If leasing, please provide the name and address of the lessor: Paul Zerola

### SECTION 2 – LICENSE CLASS

(Check One)

☐ Year Round Operation: (January 01-December 31)

☒ Seasonal Operation: (April 01 –November 30)

Expected date to open: April 1 Expected date to close: 12/31

\*If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why: \_\_\_\_\_

### SECTION 3 - HOURS OF OPERATION

☐ NO CHANGES

☐ SEE ATTACHED

OPEN: Mon: 2:00 Tues: 2:00 Wed: 2:00 Thurs: 2:00 Fri: 2:00 Sat: 2:00 Sun: 2:00

CLOSE: Mon: 9:00 Tues: 9:00 Wed: 9:00 Thurs: 9:00 Fri: 10:00 Sat: 10:00 Sun: 10:00

**\*SEE OTHER SIDE\***

**NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)**

## SECTION 4 – TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

**\*Note\***: A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:

Is your kitchen fully equipped to conduct a business \_\_\_\_\_ Size of Kitchen \_\_\_\_\_

Sink \_\_\_\_\_ Hot and Cold Water \_\_\_\_\_ Is there a Stove ☐

Gas Burners \_\_\_\_\_ Electric Burners \_\_\_\_\_ Refrigerators \_\_\_\_\_

Bar \_\_\_\_\_ Lunch Counter \_\_\_\_\_ Tables # \_\_\_\_ / \_\_\_\_ Booths # \_\_\_\_ / \_\_\_\_  
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ TOTAL Seating Capacity \_\_\_\_\_

Are there Restrooms for - Men ☐ Women ☐ Unisex ☐

### AMENDMENTS

☐ REQUESTING CHANGE OF HOURS

☐ SEE ATTACHED

New Proposed Hours of Operation:

**OPEN:** Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**CLOSE:** Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Applicant's (authorized) Signature \_\_\_\_\_

*By signing above you are verify the accuracy of all information*

☐ REQUESTING CHANGE OF MANAGER

Proposed Manager \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Owner/Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

*By signing above you are verify the accuracy of all information*

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."

LICENSE NUMBER

2023-28

FEE

\$50.00

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HULL

This is to Certify that Scoops, Kathleen Prevett, Mgr.

540 Nantasket Ave

IS HEREBY GRANTED A

COMMON VICTUALLER'S LICENSE

In said Hull and at that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth respecting the licensing of common victuallers. This license is issued in conformity with the authority granted to the licensing authorities by General Laws, Chapter 140, and amendments thereto.

In Testimony Whereof, the undersigned have hereunto affixed their official signatures.

Hours of Operation:

Monday-Thursday: 2:00pm-9:00pm

Friday-Sunday: 2:00pm-10:00pm

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/Greg Grey

Licensing  
Authorities

ISSUED: January 01, 2023

(OVER)

Class 4 Introductory #1  
RECEIVED  
NOV 28 2023

THE COMMONWEALTH OF MASSACHUSETTS  
Town Hull OF Hull

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE  
OR ASSEMBLE SECOND HAND MOTOR VEHICLES  
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Used vehicle  
class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with  
the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? Nantasket Autosales and Repair LLC

Business address of concern. No. 410 Nantasket Avenue St.,  
Hull City — Town. LLC

2. Is the above concern an individual, co-partnership, an association or a corporation? Corporation

3. If an individual, state full name and residential address.

4. If a co-partnership, state full names and residential addresses of the persons composing it.  
Khodor Khalil :

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President Khodor Khalil  
Secretary Khodor Khalil  
Treasurer Khodor Khalil

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? yes

If so, is your principal business the sale of new motor vehicles? NO

Is your principal business the buying and selling of second hand motor vehicles? yes

Is your principal business that of a motor vehicle junk dealer? NO



7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

the building has Two offices and a one bay garage  
with a lift, and a basement for storage.  
desks, Computer, phone.

8. Are you a recognized agent of a motor vehicle manufacturer? NO  
(Yes or No)

If so, state name of manufacturer \_\_\_\_\_

9. Have you a signed contract as required by Section 58, Class 1? NO  
(Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? yes  
(Yes or No)

If so, in what city — town Hull

Did you receive a license? yes For what year? 2023  
(Yes or No)

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof  
ever been suspended or revoked? NO  
(Yes or No)

Sign your name in full Khodor Khalil

### IMPORTANT.

EVERY QUESTION MUST BE ANSWERED WITH  
FULL INFORMATION, AND FALSE STATEMENTS  
HEREIN MAY RESULT IN THE REJECTION OF  
YOUR APPLICATION OR THE SUBSEQUENT  
REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the  
application with the registrar. (See Sec. 59)

License Number

2023-01

The Commonwealth of Massachusetts

Town Of Hull

Fee

\$100.00

**USED CAR DEALER'S LICENSE-CLASS II**

**TO BUY AND SELL SECOND-HAND MOTOR VEHICLES**

In accordance with the provisions of Chapter 140 of The General Laws with amendments thereto

Nantasket Auto Sales and Repair, LLC is here by licensed to buy and sell second-hand motor vehicles at 410 Nantasket Ave on premises described as follows:

Buying, Selling and Repairing used cars

License for 10 Cars only, No Auto Repairs on Sundays, All Lighting will be low level lighting directed back toward the property (Nantasket Ave), and no flags, banners, or other advertising displays of a similar nature

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

/s/Greg Grey

} Licensing  
Authority

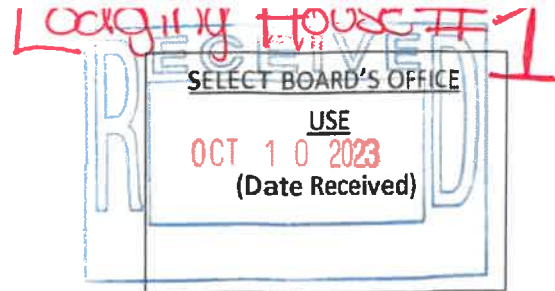
This License Expires January 1, 20 24

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE PREMISES.

(OVER)



**TOWN OF HULL**  
**Select Board**  
**253 Atlantic Ave**  
**781-925-2000**



**APPLICATION FOR LODGING HOUSE LICENSE**

**FEE \$50.00**

NEW ☐ RENEWAL ☒ TRANSFER ☐ AMENDMENT ☐ CHANGE OF MANAGER ☐

**SECTION 1 – APPLICANTS & BUSINESS INFORMATION**

The undersigned hereby makes application for a Lodging House License in accordance with the provisions of M.G.L. Chapter 140

Applicant/Corporation/LLC Bermaken Hotel LLC  
d/b/a if Applicable Bermaken Hotel  
Address of Lodging House 102 Revere St Hull MA 02045  
Lodging House Email Address thebermakenhotel@gmail.com  
Lodging House Phone Number 857-928-3926  
Description of Premises 35 unit Hotel currently being used as weekly rentals

FID of the License: \_\_\_\_\_

**SECTION 3 – MANAGER AND/OR MANAGING COMPANY INFORMATION**

Manager's Name Stephen W. King  
Manager's Resid \_\_\_\_\_ Address \_\_\_\_\_  
Manager's Email \_\_\_\_\_ Manager's Cell Phone \_\_\_\_\_  
Managing Company (if Applicable) \_\_\_\_\_  
Managing Company's Mailing Address N/A  
Contact Person \_\_\_\_\_ Direct Line/Extension \_\_\_\_\_

**SECTION 3 – LODGING HOUSE INFORMATION**

Total # of Floors 4 garden plus top 3 Total # of Rooms 35 Total # of Lodgers 35 today or 53 total capacity  
Do you have a Building Certificate? yes Expiration Date 12/31/23

Do you agree to abide by the provisions of M.G.L. Chapter 140, sections 22-23 and maintain the register and posting called for therein? YES ☒ NO ☐ (approval of license constitutes an order by the Licensing Authority to maintain said register)

Signature of Applicant [Signature]  
Applicant Printed Name Stephen W. King

**LICENSE NUMBER**

2023-01

**FEE**

\$50.00

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HULL

This is to Certify that a Lodging House License is hereby granted to Bermaken Hotel LLC, Steven Wilkins, Mgr.  
at 102 Revere St

In said HULL and that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth of Massachusetts relating to the licensing of Lodging Houses.

This license is issued in conformity with the authority granted to the licensing authorities under section twenty-three, of chapter one hundred and forty, of the General Laws and is subject to the provisions of sections twenty-two to thirty-one inclusive of said chapter..

In Testimony Whereof, the undersigned have hereunto affixed their official signatures,  
This 1st day of January 20 23

/s/ Jennifer Constable

/s/ Donna Pursel

/s/ Irwin Nesoff

/s/ Domenico Sestito

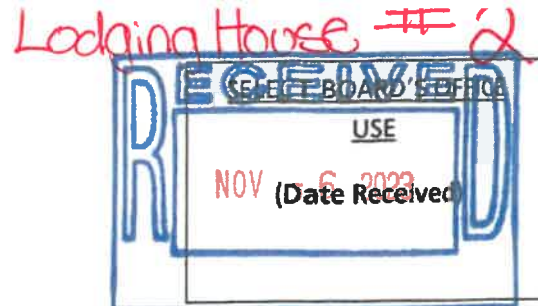
/s/ Greg Grey

} Licensing  
Authorities

(OVER)



**TOWN OF HULL**  
**Select Board**  
253 Atlantic Ave  
781-925-2000



**APPLICATION FOR LODGING HOUSE LICENSE**

**FEE \$50.00**

NEW ☒ RENEWAL ☐ TRANSFER ☐ AMENDMENT ☐ CHANGE OF MANAGER ☐

**SECTION 1 – APPLICANTS & BUSINESS INFORMATION**

The undersigned hereby makes application for a Lodging House License in accordance with the provisions of M.G.L. Chapter 140

Applicant/Corporation/LLC Neighborhood Housing of South Shore, Inc  
d/b/a if Applicable Neighborhood Housing Solutions  
Address of Lodging House 24 PARK AVE  
Lodging House Email Address dackerman@nhsmaass.org  
Lodging House Phone Number \_\_\_\_\_  
Description of Premises Rooming House

FID of the License: \_\_\_\_\_

**SECTION 3 – MANAGER AND/OR MANAGING COMPANY INFORMATION**

Manager's Name Donna Ackerman  
Manager's Residence Address \_\_\_\_\_  
Manager's Email \_\_\_\_\_  
Managing Company (if Applicable) NHS  
Managing Company's Mailing Address same  
Contact Person Donna Ackerman Direct Line/Extension \_\_\_\_\_

**SECTION 3 – LODGING HOUSE INFORMATION**

Total # of Floors 3 Total # of Rooms 15 Total # of Lodgers 14

Do you have a Building Certificate? 12/31/23 Expiration Date →

Do you agree to abide by the provisions of M.G.L. Chapter 140, sections 22-23 and maintain the register and posting required for therein? YES ☒ NO ☐ (approval of license constitutes an order by the Licensing Authority to maintain said register)

Signature of Applicant Donna Ackerman for NHS  
Printed Name DONNA Ackerman for NHS



LICENSE NUMBER

2023-05

FEE

\$50.00

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HULL

This is to Certify that a Lodging House License is hereby granted to Easy Living Lodge, Donna Akerman, Mgr.  
at 24 Park Ave

In said HULL and that place only and expires December thirty-first 20 23 unless sooner suspended or revoked for violation of the laws of the Commonwealth of Massachusetts relating to the licensing of Lodging Houses.

This license is issued in conformity with the authority granted to the licensing authorities under section twenty-three, of chapter one hundred and forty, of the General Laws and is subject to the provisions of sections twenty-two to thirty-one inclusive of said chapter..

In Testimony Whereof, the undersigned have hereunto affixed their official signatures,

This 1st day of January 20 23

/s/ Jennifer Constable  
/s/ Donna Pursel  
/s/ Irwin Nesoff  
/s/ Domenico Sestito  
/s/ Greg Grey

} Licensing  
Authorities

(OVER)

LORI

Correspondence #1

I STAYED AND COMPLETED WHAT HAD TO BE DONE

SO I AM SENDING A LETTER OF RESIGNATION FOR THE  
WAR MEMORIAL, IT HAS BEEN A GREAT PLEASURE AND  
VERY REWARDING EXPERIENCE, I WILL STILL BE SERVING ON  
THE VETERANS COUNCIL. YOURS TRULY

*Billy Ford*

